OIPE		PART B	- FEE(\$) TRAN	SMITTAL		•
JAN 0 4 200R	<b>8</b>	er with applicable	or Fax	P.O. Box 1450 Alexandria, Virgi (571)-273-2885	nia 22313-1450	
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IRVINE, CA 920	512-7108			Wayne M. Serra (Depositor's name)		
				Dani	m. Jan	(Signature)
				January	4, 2008	(Date)
APPLICATION NO.	FILING DATE	<del></del>	FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,777	10/20/2003		Paul M. Payton		070602-0415	4525
TITLE OF INVENTION: METHOD AND SYSTEM FOR THREE-DIMINSIONAL FEATURE ATTRIBUTION THROUGH SYNERGY OF RATIONAL POLYNOMIAL COEFFICIENTS AND PROJECTIVE GEOMETRY						
APPLN. TYPE	SMALL ENTITY	19SUE FEE DUÉ	PUBLICATION FEE D			
nonprovisional	NO	\$1440	\$0	\$0 91/0	7/2008 HNGUYEN2 000E	01/04/2008 10016 10689777
EXAMINER A		ART UNIT	CLASS-SUBCLASS	SUBCLASS		1440.00 OP
BALI, VIKKRAM 2624			382-154000	011	0.1301	1110700 0.
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assigned is ident hin 37 CFR 3.11. Com GNEE ntion Netwo:	rk LLC	data will appear on to The substitute for filing (B) RESIDENCE: (C	he patent. If an assign g an assignment. CITY and STATE OR .dge, New Y	country)	document has been filed for
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4a. The following fec(s)  Same fee Publication fee (f	No small entity discount		<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 - 1884 (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Sta	ses VTITVE LIAMS of	us. See 37 CFR 1.27.	☐ b. Applicant is n	o longer claiming SMA	ALL ENTITY status. See 37 (	CFR 1.27(g)(2).
NOTE: The Issue Fee ar interest as shown by the	ed Publication Fee (if rec records of the United St	uired) will not be accepts ares Parent and Trademay	ed from anyone other t k Office.	han the applicant; a rep	gistered atterney or agent; or	the assignee or other party in
Authorized Signature	7/1-	_ /	<u></u>	Date Jan	uary 4, 2008	
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